

ADDRESSING FOOD INSECURITY IN HEALTH CARE SETTINGS: KEY ACTIONS & TOOLS FOR SUCCESS

OVERVIEW

Across the lifespan, food insecurity increases the risk of poor health and contributes to both increased utilization of and higher health care costs for individuals and the entire health system.[1,2,3,4] Health care systems and individual providers increasingly recognize their role in identifying and addressing patients' food security needs. These efforts are squarely positioned within, and not separate from, systems of health care delivery.

Furthermore, the anti-hunger community (e.g., anti-hunger organizations, emergency food providers) is well-positioned to partner with health care systems and providers in this work given their expertise in food insecurity and food assistance. In fact, recent innovations and advances provide convincing evidence that screening for food insecurity in health care settings can facilitate successful connections to anti-hunger resources, resulting in improvements in food security status, diet quality, and health.

Whether you are an anti-hunger advocate, emergency food provider, or health care provider, the following key actions represent the latest best practices to start or enhance efforts to address food insecurity in health care settings.

Action 1

Make Your Case

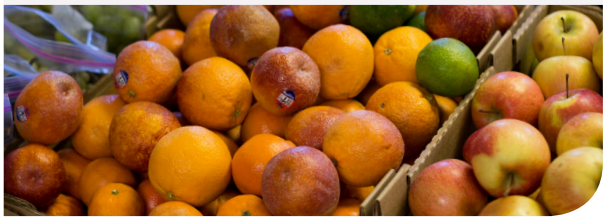
Share compelling messages about the importance of addressing food insecurity in health care settings, such as:

- Food insecurity impacts 1 in 8 people in the U.S.,[5] including people in your community;
- Food insecurity has harmful and costly impacts on health and well-being across the lifespan; and
- Organizations, systems, and strategies exist to address food insecurity that can support health care providers in improving patient and community health.

Action 2

Incorporate Food Insecurity Screening into the Institutional Workflow

Equip health care providers in your community to use the Hunger Vital Sign™ to screen patients for food insecurity. This includes developing a clear, sustainable plan for incorporating screening into the existing workflow.



Action 3

Implement Programs and Partnerships to Address Patient Needs

Determine how health care providers can improve patient food security, including how to address both immediate and continuing food and nutrition needs.

- *Address Immediate Food & Nutrition Needs:* Develop partnerships and programs that connect those who screen positive for food insecurity to emergency food resources. Such strategies can help meet the immediate needs of a household through the distribution of emergency food at the health care site; referrals to local food pantries and mobile distributions; or provision of home-delivered groceries and meals.
- *Address Continuing Food & Nutrition Needs:* Develop partnerships and programs that connect those who screen positive for food insecurity to Federal Nutrition Programs (e.g., SNAP, WIC, school meals, senior congregate meals) to meet the longer-term needs of a household. In addition, community voucher programs (e.g., fruit and vegetable vouchers, Double Up Bucks) may be available in some communities to help stretch limited food dollars.

Action 4

Advocate for a Strong Nutrition Safety Net

Enlist doctors, nurses, and other health care professionals to engage with the anti-hunger community in advocacy and educational efforts to end food insecurity and poverty, support the emergency food system, and strengthen the Federal Nutrition Programs.

References

1. Seligman HK, Laraia BA, Kushel MB. *Food Insecurity is Associated with Chronic Disease among Low-Income NHANES Participants.* J Nutr. 140(2):304-310. 2010.
2. Hartline-Grafton H. *The Impact of Poverty, Food Insecurity, & Poor Nutrition on Health and Well-Being.* 2017. Washington, DC: Food Research & Action Center.
3. Berkowitz SA, Basu S, Meigs JB, Seligman HK. *Food Insecurity and Health Care Expenditures in the United States 2011-2013.* Health Serv Res. doi:10.1111/1475-6773.12730
4. Cook JT, Frank DA, Berkowitz C, et al. *Food Insecurity is Associated with Adverse Health Outcomes among Human Infants and Toddlers.* J Nutr. 134(6):1432-1438. 2004
5. Coleman-Jensen A, Rabbitt MP, Gregory CA, et al. *Household Food Security in the United States in 2016*, ERR-237: U.S. Department of Agriculture, Economic Research Service; September 2017.

Key Resources

- Hunger Vital Sign™ childrenshealthwatch.org/public-policy/hunger-vital-sign/
- Addressing Food Insecurity: A Toolkit for Pediatricians frac.org/aaptoolkit
- Screen and Intervene: Addressing Food Insecurity Among Older Adults (online course) seniorhealthandhunger.org
- Food Insecurity and Health: A Tool Kit for Physician and Health Care Organizations hungerandhealth.feedingamerica.org/
- An Overview of Food Insecurity Coding in Health Care Settings: Existing and Emerging Opportunities childrenshealthwatch.org/foodinsecuritycoding/
- Food Banks as Partners in Health Promotion Series with the Center for Health Law Policy & Innovation hungerandhealth.feedingamerica.org/
  - Creating Connections for Client & Community Health
  - How HIPAA and Concerns about Protecting Patient Information Affect Your Partnership

Important Features of Successful Health Care & Anti-Hunger Community Partnerships

Anti-hunger and health care organizations should coordinate partnership efforts along a spectrum from awareness building to total alignment based on the readiness and resources of the partners.

Awareness
Patients are made aware of available community services through information dissemination and referrals (i.e., handouts, 211)

Assistance
Health care partner provides community service navigation services to assist patients with accessing anti-hunger partner services (i.e., electronic referrals, case management)

Alignment
Total partner alignment to ensure that health care and anti-hunger community services are available and responsive to the needs of the patient. (i.e., two-way communication on referral outcomes and follow up)

PASSIVE → ACTIVE

Adapted from: Centers for Medicare & Medicaid Services. Center for Medicare and Medicaid Innovation. Accountable Health Communities Model. innovation.cms.gov/initiatives/ahcm/; and Billioux A, Conway PH, Alley DE. Addressing population health: Integrators in the Accountable Health Communities model. *JAMA*. 2017;318(19):1865-1866.

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